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				(Depositor's name)					
		FILED ELECTRONICALLY (Sign			(Signature)				
		L	August 26, 2008 (Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR .	ATTORNI		CONFIR	RMATION NO.	
09/752,487			Ann C. Guilford			0083531-000502		4140	
TITLE OF INVENTION: INTELLIGENT NETWORK SELECTION BASED ON QUALITY OF SERVICE AND APPLICATIONS OVER DIFFERENT WIRELESS NETWORKS									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV, PAID ISSU	E FEE	TOTAL FEE(S) DU	E	DATE DUE	
nonprovisional	МО	\$1440	\$300	\$0		\$1740		08/28/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
MAUNG, ZARNI		2151	709-200000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  Change of correspondence address (or Change of Correspondence Address form "TOSB'12.2) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOSB'47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE FATENT (print or type) PLEASE NOTE: Unless an satispance is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  ATAT MOBILITY II LLC  Atlanta, Georgia							has been filed for		
Please check the appropriate assignee category or categories (will not be printed on the patent):								Government	
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.     Payment by credit cart. Form PTO-2038 is attached.     The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number D(AQUESS).     Conclose an extra copy of this form).						
	SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no						
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Authorized Signature		. Donohue, Reg				26, 2008			
Typed or printed name				Registration	No	35,859			
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